

INSTRUCTIONS: VDH TB RISK ASSESSMENT

PURPOSE:

To provide a symptom/risk factor assessment tool. Then, as necessary, an evaluation tool for TB infection &/or disease.

***It is necessary to complete and submit a current VDH TB Risk Assessment (TB 512) for each patient CXR submitted to TB Control for MD interpretation and recommendation. Also attach a copy of the DBE confidential patient history. Additionally, for patient follow up enclose copies of previous assessment forms & CXR films for comparison if available.*

DIRECTIONS FOR USE:

The VDH TB Risk Assessment (TB 512) is used to document patient symptoms and risk factors for TB infection &/or disease and, as necessary, to document patient evaluation.

The upper half of the form or double outlined area comprises the screening area of the patient assessment. Based on this information, the PHN determines if a tuberculin skin test and/or CXR is indicated.

1. Provide name of LHD, PHN, assessment date, PHN's phone number.
2. Accurately complete patient identifiers. TB Control requires that this information be accurate, complete, and legible. *Information is entered into a data-system, which allows for retrieval of information and quality assurance. Incomplete forms will be returned to the LHD for completion, resulting in delays.*
3. Provide comments as applicable to all areas inside the box within the double-boxed area.
4. Based on patient assessment as documented in doubled-boxed area of tool, the PHN determines whether tuberculin skin testing &/or CXR is indicated. Proceed to lower half of tool (the single lined-boxed area).
5. PHN ensures tuberculin skin results are accurately recorded.
6. Using CDC/ATS guidelines for interpretation, if the tuberculin skin test is positive, a CXR may be indicated. For these or other indicated CXR the PHN will provide the date CXR taken, and indicate initial or update CXR. Also provide height and weight of patient, and note if patient has any known history of liver disease.
7. If the CXR necessary as part of a contact investigation, provide contact information by explaining the nature of exposure to pulmonary TB. Provide name and information of index/source case.
8. If this is a follow up CXR and patient is receiving TB chemotherapy, provide updated information based on date of CXR, include whether medications are given directly-observed or self-administered. Enclose copies of previous assessment(s), history, recommendations, and CXR films if available.
9. Provide drug susceptibility results as available, using the collection date of related specimen. DCLS performs susceptibility testing on the first positive specimen for M.tb. The PHN case manager will need to check with private labs for drug susceptibility testing.
10. PHN case management dictates that sputum specimens are collected at intervals throughout treatment. Provide the most current bacteriologic information using collection date of specimen(s).
11. If necessary, additional comments/information can be written as a DBE exception note on

the appropriate form or the reverse side of the 99-TB 512.

I-99-TB 512